

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH PROGRAM SUPPORT BUREAU WORKFORCE EDUCATION AND TRAINING (WET) DIVISION

LICENSURE PREPARATION PROGRAM (LPP) MARRIAGE AND FAMILY THERAPIST (MFT) STANDARD WRITTEN EXAMINATION

The WET Division announces a limited number of slots available, at a discounted rate, for the MHSA WET- funded Licensure Preparation Program (LPP) to qualified public mental health staff (DMH-operated and DMH-contracted programs).

Through the Association for Advanced Training in the Behavioral Sciences (AATBS), the following study package is now available:

AATBS MFT Written Combo Package Includes:

- Two Comprehensive Study Volumes
- Three strategy CD's
- TestMASTER 5 full length online practice exams with 4 months access time
- Expert Phone Consultation one on one assistance available with exam experts
- Live 1-Day Workshop 8 hours of instruction covering exam content and strategies

MHSA-WET MFT Standard Written participant price: \$50

Visit www.aatbs.com for more details about the package.

Available MFT Written Workshop dates and locations:

Chatsworth: Sunday, September 9, 2012 (9am – 5pm PT) (Phillips Graduate Institute – 19900 Plummer St., Chatsworth, CA 91311)

Irvine: Saturday, November 17, 2012 (9am – 5pm PT) (Atrium Hotel 18700 MacArthur Blvd., Irvine, CA 92612)

**** Limited space available. Application deadline: June 20, 2012 or when slots are filled.

***Attendance to the Live 1- Day Workshop is required for all MHSA-WET MFT Standard Written participants.

Eligibility:

- Must be in good standing with current employer; no disciplinary action within the last year
- Approved by the licensing board to take the licensure examination
- Must have completed the required supervision hours
- Must take the examination by the end of 2012
- Currently providing a minimum of 65% of their time in direct clinical services in public mental health

Priority will be given to clinicians who meet the following criteria:

- If applicable, license waivered agreement with employer to expire within 12 months
- Previous attempt(s) at passing the MFT Standard Written Examination

INSTRUCTIONS:

- Please scroll down for the application form. Application form must be completed and faxed to Anna Perne, LCSW, at (213) 252-8775 or (213) 252-8776. Application will be accepted until June 20, 2012 or when slots are filled.
- 2. An e-mail confirmation will be sent to those applicants, who are approved.
- 3. Participants will be given a phone number to register, and pay the non-refundable fee of \$50 by VISA, American Express or MasterCard to AATBS.
- 4. AATBS will register the participants for the requested workshop, and the study package will be mailed to the address provided on the application when payment is received.

All applications are reviewed. Submission of application is not a guarantee of approval.

CONTACT: Anna Perne, LCSW, E-mail: aperne@dmh.lacounty.gov



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Print Only TITLE: LPP: MFT STANDARD WRITTEN EXAMINATION WORKSHOP DATE: FIRST NAME: LAST NAME: **DISCIPLINE:** ETHNICITY: JOB TITLE: (optional) PROGRAM: AGENCY: MAILING ADDRESS FOR STUDY PACKAGE: CITY: STATE: ZIP PHONE#: E-MAIL: (required for information) LANGUAGE(S) FLUENCY, OTHER THAN ENGLISH: 1 2 3 Service area of employment, please circle 5 6 7 8 Have you taken the MFT Standard Written Examination previously? please circle yes no Are you taking the examination by the end of 2012? please circle yes no Is your licensed waivered employment agreement with your employer expiring within 12 months? please circle yes is currently in a job position providing a minimum of 65% of his/her time in direct clinical services in public mental health and is currently in good standing with Name of Applicant (Print) his/her employer with no disciplinary action within the last 12 months. applicant also successfully completed the required supervision hours and is approved by the licensing board to take the MFT Standard Written Examination. agrees to follow the following terms and conditions: Name of Applicant (Print) Completes the licensure preparation program by attending the mandatory workshops and participates in all the offerings of the program. Provides Workforce Education and Training (WET) Division examination results and any other information relating to employment and promotional status. Understands that the mandatory workshops are to be taken on his/her own time. If approved by the WET Division, participant must register and pay the non-refundable discounted fee of \$50 by VISA, Amex or MasterCard. (Contact name and number for registration will be given for those individuals who are approved.) Signature of Applicant **Date Return Application to:** Signature of Supervisor Anna Perne, LCSW **Date WET Training Coordinator** Fax: (213) 252-8775 OR (213) 252-8776 E-mail: aperne@dmh.lacounty.gov Name of Supervisor / Phone Number Phone: (213) 251-6422

Email Address of Supervisor